

**Meadows Regional Medical Center, Inc.
And its Affiliated Entities
P.O. Box 1048
Vidalia, GA 30475**

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the HIPAA Privacy Officer at 912.538.5346.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the hospital, an affiliated clinic or other entity, or the nursing home (collectively referred to as "our organization"), whether made by hospital personnel, agents of the hospital, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office.

Our Responsibilities

We are required by law, including the Privacy Standards of the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

WHO WILL FOLLOW THIS NOTICE

This notice describes our organization's practices and that of:

- Any healthcare professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- Any clinic or other healthcare facility wholly owned by the hospital. All of these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations purposes described in this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe examples of the way we use and disclose medical information:

▪ **For Treatment:** We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital/facility personnel who are involved in taking care of you at the hospital/facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the hospital also may share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals and X-rays.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital/facility.

▪ **For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

▪ **For Healthcare Operations:** We may use and disclose medical information about you for healthcare operations. Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. We may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for educational purposes. And we may combine medical information we have with medical information from other hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- To contact you as part of fund raising efforts;
- To inform funeral directors consistent with applicable law;
- For population-based activities relating to improving health or reducing healthcare costs; and
- For conducting training programs or reviewing competence of healthcare professionals.

- **Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require business associates to appropriately safeguard your information.

- **Hospital Directory:** Unless you notify us that you object, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g. fair, good, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. Your religious affiliation may be given to a member of clergy, such as a priest or rabbi, even if they don't ask for you by name.

- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

- **Affiliated Covered Entity:** Protected health information will be made available to hospital personnel as necessary to carry out treatment, payment and healthcare operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time.

- **Future Communications:** We may communicate to you via mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community-based initiatives or activities our facility is participating in.

- **As Required By Law:** We may also use and disclose health information for the following types of entities, including but not limited to:
 1. Food and Drug Administration
 2. Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
 3. Correctional Institutions
 4. Workers Compensation Agents
 5. Organ and Tissue Donation Organizations
 6. Military Command Authorities
 7. Health Oversight Agencies
 8. Funeral Directors, Coroners and Medical Directors

- 9. National Security and Intelligence Agencies
- 10. Protective Services for the President and Others

- **Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes or other legal proceedings as required by law or in response to a valid subpoena or whenever required by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **right to:**

- **Inspect and Copy:** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the facility will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

To exercise this right you must submit your request in writing to the Medical Records Department, Correspondence Clerk/Medical Records Clerk of the appropriate facility.

- **Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Your request must be made in writing and a reason provided to support your request. We may deny your request for an amendment and, if this occurs, you will be notified of the reason for the denial.

To exercise this right you must submit your request in writing to the Medical Records Department, Correspondence Clerk/Medical Records Clerk of the appropriate facility.

- **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or healthcare operations.

To exercise this right you must submit your request in writing to the Medical Records Department, Correspondence Clerk/Medical Records Clerk of the appropriate facility.

- **Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To exercise this right you must submit your request in writing to the HIPAA Privacy Officer.

- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by mail.

To exercise this right you must submit your request in writing to the HIPAA Privacy Officer.

- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To exercise this right you must submit your request in writing to the HIPAA Privacy Officer.

You may obtain a copy of this notice at www.meadowsregional.com.

CHANGES TO THIS NOTICE

We reserve the right to change this notice: We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The current notice will be made available at any admission/registration area of the hospital/facility and include the effective date. In addition, each time you register at or are admitted to the hospital/facility for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the HIPAA Privacy Officer at 912.538.5346. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

List of Entities:

1. Meadows Regional Medical Center, Inc. (MRMC)
2. Meadows Healthcare Alliance, Inc.
3. Meadows Healthcare Resources, Inc.
4. Southeast Regional Primary Care Corporation (SRPCC)

MRMC_NPP
EFFECTIVE: APRIL 14, 2003
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